

MEMORANDUM FOR PATRICIA W. SILVEY

Deputy Assistant Secretary for Operations
Mine Safety and Health Administration

THROUGH: PETER J. MONTALI (b) (6)
Acting Director of Accountability^U
Mine Safety and Health Administration

FROM: JERRY J. KISSELL (b) (6)
Accountability Specialist

SUBJECT: MSHA Office of Accountability Audit, Coal District 9,
Delta, Colorado Field Office, and (b) (6)

Introduction

This memorandum summarizes the Office of Accountability audit of the district office, field office, and mine. The audit included MSHA field activities, level of enforcement, conditions and practices at the mine, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, and the district's technical (plan approval) division. The audit was conducted by Accountability Specialist Jerry J. Kissell. Positive findings as well as issues requiring attention are included in this audit report.

Overview

The audit was conducted from (b) (6) and included a review of administrative, inspection, technical, and other areas such as the Alternative Case Resolution Initiative (ACRI) and Special Investigations Program (SI). Accompanying the Accountability Specialist during the audit were the (b) (6) (b) (6)

The audit team traveled with the inspection party to the mine on a regular (E01) inspection. Areas and activities examined included the Long Wall (MMU 010-0), the 5 North development section (MMU 001-0), roof and rib conditions, Joy continuous mining machine, Fletcher dual-head roof bolter, Joy shuttle cars, escapeway map, and the immediate return. Also examined, the long wall belt conveyor, the 5 North section belt conveyor and belt drive, main belt conveyor, belt fire detection and suppression systems, the mine communication and tracking systems, primary and alternate escapeways, lifelines and signage, SCSR caches, and the refuge alternatives. Fire valves, hoses and nozzles were examined and a functional test was conducted of the fire suppression belt deactivation system.

Surface areas examined during the audit included the mine tracking computer (COMM SPEC), atmospheric monitoring system, mine record books, the mine map, bulletin boards and check in/check out system.

S&S Rate Comparison

During FY 2010 (October 01, 2009 through September 30, 2010), the S&S rate for the Delta field office was lower than the average for District 9 and the national average. During FY 2011 (October 01, 2010 through July 11, 2011) the S&S rate for the Delta FO was lower than the average for District 9 and the national average.

S&S Rate Comparison

Fiscal Year	Delta, CO Field Office	Coal District 9	National Average
2009	22%	23%	34%
2010	23%	26%	33%
*2011	17%	26%	35%

* Data as of July 7, 2011

Time and Activity Comparison

A comparison of FY 2009 and FY 2010 time distribution for regular (E01) inspections at surface facilities shows that at the Delta field office, time in the other category has remained the same and on-site time has increased. In 2011, time in the other category has slightly decreased while the on-site time has increased.

Time Distribution (%) – E01 Inspections at Surface Facilities							
FY	Area/Office	Travel	**Other	*Total On Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent*
2009	Delta FO	28%	18%	54%	2%	0%	100%
	Nat'l Avg	17%	17%	66%	5%	0%	100%
2010	Delta FO	26%	18%	56%	3%	0%	100%
	Nat'l Avg	18%	15%	66%	5%	1%	100%
2011	Delta FO	18%	17%	65%	5%	0%	100%
	Nat'l Avg	17%	16%	66%	5%	1%	100%

* Includes calibration of gas detection equipment, respirable dust pumps, and preparation and mailing of gas and rock dust samples

** Total On-Site time includes citations written on-site

The delta field office has no surface mining operations.

A comparison of FY 2009 and FY 2010 time distribution for regular (E01) inspections at underground mines shows the Delta field office time in the other category has increased and on-site time has decreased. In 2011, time in the other category has decreased while the on-site time has increased.

Time Distribution (Percent) – E01 Inspections at Underground Mines							
FY	Area/Office	Travel	**Other	*Total On Site	Citations Issued On-Site	Citations Issued Off-Site	Total Percent*
2009	Delta FO	20%	15%	64%	5%	1%	100%
	Nat'l Avg	16%	17%	67%	6%	0%	100%
2010	Delta FO	21%	19%	60%	5%	0%	100%
	Nat'l Avg	16%	15%	68%	6%	1%	100%
2011	Delta FO	20%	12%	68%	5%	0%	100%
	Nat'l Avg	15%	16%	68%	6%	1%	100%

* Includes calibration of gas detection equipment, respirable dust pumps, and preparation and mailing of gas and rock dust samples

** Total On-Site time includes citations written on-site

Audit Results

This audit revealed positive findings in several areas, including the following:

1. Citations issued during the audit were appropriately issued and consistent with policy and procedures.
2. The Delta field office currently has four mines on the 103(i) spot inspection category. One mine is on a 15-day spot inspection category and three are on a five day spot category. All 103(i) spot inspections were conducted within the required time frames for each mine.
3. ACRI files reviewed were very well organized with correspondence, notifications, decisions and justifications well documented.
4. Staff and safety meetings at the Delta field office were well documented and show review of information regarding MSHA policies, initiatives, and keeping the inspectorate well informed of current issues.
5. Inspectors at the Delta field office were courteous and professional in their interactions with miners and mine operator.
6. All underground mines within the district were visited by District 9 management or field office supervisors for the period reviewed.

This audit also revealed two issues that require corrective actions, including the following: (Supporting data for each issue can be found in the OA checklist and attachments)

1. The tracking system for supervisory mine visits shows that each active underground mine in District 9 was visited by a manager or supervisors during

FY 2010. However, several individual positions in the district office, including the (b) (6) (10 of 20); (b) (6) (1 of 20); (b) (6) (12 of 20) did not conduct the required minimum number of mine visits for those positions.

2. Three required Accompanied activities (AAs) were not conducted out of 26 required for the field office in FY 2010. Additionally, four AAs were not completed for (b) (6) in the first half of FY 2011.
3. The methane total liberation did not correspond with MSIS records. Information has not been updated to correctly identify the total methane liberation for the mines in this field office.

Attachments

A. Office of Accountability Checklist

B. Citations/Orders issued during this audit

- | | | |
|----|---------|-------------------|
| 1. | (b) (6) | 75.1911(a)(2) |
| 2. | (b) (6) | 75.1725(a) |
| 3. | (b) (6) | 75.516-2(c) |
| 4. | (b) (6) | 75.380(d)(7)(vii) |
| 5. | (b) (6) | 75.516-2(c) |
| 6. | (b) (6) | 75.1106-3(a)(2) |
| 7. | (b) (6) | 75.351(d)(2) |
| 8. | (b) (6) | 75.333(c)(2) |
| 9. | (b) (6) | 75.1101-6 |

C. Examples of citations issued during previous E01 inspections

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Attachment A – Audit Checklist

1. Determine if complete and thorough inspections are being conducted.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

2. Determine if citations and orders issued during previous inspections were properly evaluated for gravity, negligence, level of enforcement, number of persons affected, and supported by documentation.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

A review of 164 citations issued at the (b) (6) during previous E01 inspections shows that evaluations are consistent with policy and procedure. However, additional information should be included in the narrative, such as-

A.) Identify the number of previous citations that were issued for the same standard in the previous 24 months.

B.) Identify the total amount of methane being liberation at the mine in a 24 hour period. (Examples in attachment C)

3. Evaluate inspector/specialist examination of required record books and postings for compliance with applicable standards.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

4. Evaluate inspector/specialist examination of the operator's maps (on-site) for accuracy, escapeway locations, etc.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

5. Upon arrival on the working section, accompany and evaluate inspector/specialist examination of all working faces for imminent dangers.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

The inspector completed a thorough imminent danger examination, including gas checks, air quantity and quality, rock dusting, cleanup and evaluation of roof conditions.

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6. Evaluate the inspector/specialist observation of the work cycle and conditions on the working section during the audit.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

7. Evaluate the inspector/specialist air quantity, quality, and gas checks during the audit.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

8. Evaluate inspector/specialist examination of equipment electrical cables during the audit.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

All mobile equipment at this mine is diesel powered. However, citations were issued for high power cables not being insulated or separated from communications during the audit and in previous inspection reports that were reviewed.

9. Evaluate inspector/specialist examination for permissibility during the audit.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

Permissibility checks were not conducted during the mine site visit.

10. Determine if areas deemed too wet for rock dust surveys during previous inspections were re-visited and sampled.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

No areas deemed wet were identified in the previous two inspections reviewed.

11. Determine if previous E01 inspections include examinations of the condition and maintenance of conveyor belts, belt entries, belt drives, fire detection and suppression systems, and separation of belt entries from other air courses.

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Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Previous inspections reports reviewed revealed citations were issued for accumulations, defective rollers, compliance with approved plans, sensors not reading accurately or located properly and suppression systems not functioning as designed.

12. During the audit, evaluate the inspection of at least one set of seals, including methods for obtaining samples from sealed area.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

Seals were not examined during this audit.

13. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Inspection reports reviewed contained proper documentation of close-out conferences.

14. Determine if Possible Knowing/Willful (PKW) Forms are documented and processed according to agency policy and procedures.

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

Not reviewed during this audit.

15. Evaluate 103(i) spot inspection (E02) reports for the office/district being audited for compliance with agency policies and procedures, including compliance with time frames and separating E02 inspections from other events.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

All required 103(i) inspections were completed in the required time frames.

16. Determine if Hazard Complaint inspections/investigations are being conducted according to policy and procedures.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Eight hazard complaint inspections/investigations (E03 / E04) were reviewed during this audit. All inspections/investigations were conducted appropriately.

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17. Determine if supervisors are monitoring inspector time and activity to ensure proper use of time, including off-shift and weekend work, by all inspectors.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

18. Are required Field Activity Reviews (FARs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

19. Are Accompanied Activities (AAs) and supervisory follow-ups being conducted and documented according to agency policy and procedures?

Adequate ☐ Inadequate ☒ Not Applicable ☐ Comments Below

23 of 26 AAs reviews were conducted in the Delta field office. One (b) (6) received 1 of 4 required AAs in FY 2010 (All 1st half 2011 AAs were completed by the (b) (6) (b) (6)). Additionally for the first half of 2011, three AAs were not completed by (b) (6) (One in the (b) (6) and three in the (b) (6))

20. Determine if a 104(d) tracking system is in place and being kept current at the office being audited.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

21. Determine if the Uniform Mine File books are being maintained and reviewed according to current agency policy and procedures.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

Documents in the UMF were up-to-date with all outdated materials removed.

22. Are supervisors thoroughly reviewing Uniform Mine Files at least annually?

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

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23. Determine if supervisors are visiting each active mine at least annually.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

The tracking system for supervisory mine visits shows that each active underground mine in District 9 was visited by a manager or supervisor during FY 2010.

24. Are all sections where retreat mining is occurring (not to include longwall mining) being inspected at least monthly?

Adequate ☐ Inadequate ☐ Not Applicable ☐ Comments Below ☒

No secondary mining, excluding long-walls, is being conducted at mines inspected by the Delta FO.

25. Review documentation of staff meetings/safety meetings to determine their effectiveness and relevance to current issues and the Agency's mission.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

Staff and safety meetings are well documented.

26. After an in-mine visit, evaluate approved plans (ventilation, roof control, training, etc.) for compatibility with mining conditions and equipment.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

The approved plans for the mine visited appear appropriate for the mine conditions and equipment observed during the audit.

27. Determine if approved plans are being revised/updated to reflect changes in conditions and/or equipment

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

28. Determine if plan reviews are in compliance with current agency policy and procedures (performed within required timeframes, tracked from the date of submission, properly documented, and contain input from all affected departments and field offices).

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

Tracking Logs are maintained for all plan approvals.

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29. Determine if Assistant District Manager is conducting the required second level reviews and holding supervisors accountable for oversight of Field Activity Reviews and Accompanied Activities.

(b) (6)

(b) (6)

30. Determine if district management personnel are reviewing work products and reports for accuracy and completeness.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Regular inspection reports and other enforcement events are thoroughly reviewed by the ADM for consistency and compliance with policy and procedure.

32. Determine if District Managers, Assistant District Managers, Conference and Litigation Representatives and Staff Assistant) are conducting required mine visits and properly completing the required spreadsheet.

Adequate ☐ Inadequate ☒ Not Applicable ☐ Comments Below ☐

Although all the required underground mine visits were conducted (as per Item 23), several individual positions within the district did not meet the required minimum number of mine visits required by the tracking system spreadsheet. According to the district's tracking system:

In 2010 -

1. (b) (6) 10 of 20 required visits
2. (b) (6) 1 of 20 required visits
3. (b) (6) 12 of 20 required visits

In the first half of 2011 -

1. (b) (6) 1 of 20 required visits
2. (b) (6) 7 of 20 required mine visits
3. (b) (6) 5 of 20 mine visits
4. (b) (6) 10 of 20 required visits

33. Determine if District Manager is using discretion in granting conferences and monitoring the ACRI program to ensure that all decisions (including upholding, modifying or vacating citations) are properly documented and justified by the CIRs.

(b) (6)

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34. Determine if District Manager is holding the Supervisory Special Investigator accountable for properly evaluating and initiating or denying potential cases.

(b) (6)

35. Determine if managers and supervisors are using required standardized reports to review critical data relevant to inspections and investigations.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Key Indicators and information from the district is being distributed to the field offices.

36. Determine if Districts are conducting in-depth Peer Reviews in compliance with agency policy and procedures including follow-up to determine the effectiveness of corrective actions.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below ☐

Peer reviews were completed in FY 2010 at the Craig field office and in FY 2011 at the Price field office.

37. Is information (mine status, methane liberation, number of employees, etc) being entered into the MSHA Standardized Information System (MSIS) accurately and in a timely manner?

Adequate ☐ Inadequate ☒ Not Applicable ☐ Comments Below ☐

1. MSIS data shows (b) (6) for Total Methane liberation (TML) to be 4,858,257 cfd. The most recent air sample analysis shows a liberation rate of 10,122,499 cfd. The mine is on the correct 103(i) inspection status.
2. MSIS data shows (b) (6) for Total Methane liberation (TML) to be 3,923,127 cfd. The most recent air sample analysis shows a liberation rate of 1,209,730 cfd. The mine is on the correct 103(i) inspection status.
3. MSIS data shows (b) (6) for Total Methane liberation (TML) to be 7,619,219 cfd. The most recent air sample analysis shows a liberation rate of 4,797,108 cfd. The mine is on the correct 103(i) inspection status.

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38. Evaluate the overall condition of the mine relative to the level of enforcement documented in previously completed inspections.

Adequate ☒ Inadequate ☐ Not Applicable ☐ Comments Below

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District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Attachment B – Citations issued during the Audit

Mine Citation/Order				U.S. Department of Labor Mine Safety and Health Administration			
Section I--Violation Data							
1. Date Mo Da Yr (b) (6)		2. Time (24 Hr. Clock) (b) (6)		3. Citation/ Order Number (b) (6)			
4. Served To (b) (6)				5. Operator (b) (6)			
6. Mine (b) (6)				7. Mine ID (b) (6) (Contractor)			
8. Condition or Practice 8a. Written Notice (103g) <input type="checkbox"/>							
The fire suppression system for company No.15-97 Dodge truck was guarded to minimize physical damage from routine vehicle operations. The compressed gas cylinder for the system was not secured in the bracket causing the cylinder to slip sideways and the associated actuation piping to contact the bracket.							
See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>							
9. Violation		A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>		B. Section of Act		C. Part/Section of Title 30 CFR 75.1911(a)(2)	
Section II--Inspector's Evaluation							
10. Gravity							
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>							
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>							
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> D. Number of Persons Affected 001							
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>							
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>					
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/ Order Number		F. Dated Mo Da Yr	
15. Area or Equipment							
16. Termination Due							
A. Date Mo Da Yr (b) (6)		B. Time (24 Hr. Clock) (b) (6)					
Section III--Termination Action							
17. Action to Terminate The compressed gas cylinder was secured.							
18. Terminated							
A. Date Mo Da Yr (b) (6)		B. Time (24 Hr. Clock) (b) (6)					
Section IV--Automated System Data							
19. Type of Inspection (activity code) E01		20. Event Number (b) (6)		21. Primary or Mill			
22. Signature (b) (6)				23. AR Number (b) (6)			

MSHA Form 7000-3, Apr. 98 (rev. 98) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order
Continuation

U.S. Department of Labor
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Section I--Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr (b) (6)	3. Citation/Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6) (Contractor)	

Section II--Justification for Action

Change From To

8. Condition Or Practice

Reason Sentence 1 should read:

The fire suppression system for company No.15-97 Dodge Truck was not guarded to minimize physical damage from routine vehicle operations.

See Continuation Form ☐

Section III--Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input type="checkbox"/> D. Terminated <input checked="" type="checkbox"/> E. Modified
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Section IV--Inspection Data

9. Type of Inspection E01	10. Event Number (b) (6)		
11. Signature (b) (6)	AR Number (b) (6)	12. Date Mo Da Yr (b) (6)	13. Time (24 Hr. Clock) (b) (6)

MSHA Form 7000-3a, Mar 85 (revised)

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Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	
8. Condition or Practice		(Contractor)
		8a. Written Notice (103g) <input type="checkbox"/>

The 3/4 ton chain hoist located in 4 North Longwall MMU 010-0 at shield 139, is not being maintained in a safe operating condition. The retractable hook was bent about 1.75 inches away from the safety latch. This would create an unreliable connection to the load. Furthermore, the size of the chain hoist was unsuitable for the loads in the environment which it was located. The mine operator removed the chain hoist from service immediately.

Standard 75.1725(a) was cited (b) (6)
operator, 0 to a contractor).

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1725(a)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The chain hoist was tagged out of service and removed to the surface.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)		23. AR Number (b) (6)

MSHA Form 7000-3a (Rev. 08-2010) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)
8. Condition or Practice		8a. Written Notice (103g)

Located in the No.1 entry of 4 North longwall at crosscut 31, additional insulation was not provided for the mine pager phone communication circuit at the point where it was contacting the power cable for the belt remote switch. The two cables were hung together on a single insulated J-hook.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.516-2(c)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The power cable and the communication cable were hung on separate J-hooks.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)	23. AR Number (b) (6)	

MSHA Form 7000-3, April 1999 revision. In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

U.S. Department of Labor
Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The continuous, durable directional lifeline provided for the 4 North Longwall No.2 entry primary escapeway was not properly equipped with two securely attached cones, installed consecutively with the tapered section pointing inby, to signify an attached branch line is IMMEDIATELY ahead. The branch line for the refuge chamber located at crosscut 29, was located about 9 feet outby the two cones. Furthermore, a sphere was installed in the 9 foot gap, between the cones and the branch line.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.380(d)(7)(vii)
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Section II--Inspector's Evaluation

10. Gravity			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected: 008
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The two cones were advanced up next to the branch line.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)		23. AR Number (b) (6)

MSHA Form 7000-3, Apr 98 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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Mine Safety and Health Administration



Section I--Violation Data		
1. Date Mo Da Yr <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>
4. Served To <u>(b) (6)</u>		5. Operator <u>(b) (6)</u>
6. Mine <u>(b) (6)</u>		7. Mine ID <u>(b) (6)</u> (Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

Located in the No.2 entry of 4 North Longwall at crosscut 29, additional insulation was not provided for the mine pager phone communication circuit at the point where it passed under and contacted the energized high voltage power cable suspended from the mine roof.

See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>		
9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act C. Part/Section of Title 30 CFR <u>75.516-2(c)</u>

Section II--Inspector's Evaluation					
10. Gravity:					
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					D. Number of Persons Affected <u>001</u>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action <u>104(a)</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr	
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section III--Termination Action

17. Action to Terminate Additional insulation was provided at the point of contact with the high voltage cable.

18. Terminated	A. Date Mo Da Yr <u>(b) (6)</u>	B. Time (24 Hr. Clock) <u>(b) (6)</u>
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Section IV--Automated System Data		
19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u>(b) (6)</u>	21. Primary or Mill
22. Signature <u>(b) (6)</u>		23. AR Number <u>(b) (6)</u>

MSHA Form 7000-3, April 88 (revised). In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The compressed gas cylinder containing acetylene located between the No.2 and No.3 entries of 5 North section MMU 001-0, crosscut 2, was not secured against being accidentally tipped over. The cylinder was leaning against the inby rib with no means to secure the cylinder in place.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1106-3(a)(2)
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Section II—Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial:			D. Number of Persons Affected	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action		13. Type of Issuance (check one)		
104(a)		Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action		E. Citation/ Order Number		F. Dated
A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III—Termination Action

17. Action to Terminate The cylinder was repositioned and properly secured to the inby rib.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV—Automated System Data

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
E01	(b) (6)	
22. Signature (b) (6)	23. AR Number (b) (6)	

MSHA Form 7000-3, April 98 (revised). In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The carbon monoxide sensor No.560 located at the 5 North MMU 001-0 section feeder, No.1 entry outby crosscut 3, was not installed in the upper third of the entry. The entry height at this location measured 10.5 feet floor to roof. The sensor was hung at a height of 5 feet 10 inches above the mine floor.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.351(d)(2)
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Section II--Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			D. Number of Persons Affected 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number	F. Dated Mo Da Yr
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate The sensor was installed near the center in the upper third of the entry.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)		23. AR Number (b) (6)

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The personnel door in the stopping located between the No.2 entry primary escapeway and No.3 return entry of 5 North section, crosscut 1, was not clearly marked so that the door may be easily identified by anyone traveling in the No.3 entry.

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.333(c)(2)
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>		E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate A reflective door marker was hung in the center of the No.3 entry at crosscut 1.

18. Terminated	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)		23. AR Number (b) (6)

MSHA Form 7000-3, July 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine Citation/Order

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Section I--Violation Data

1. Date Mo Da Yr (b) (6)	2. Time (24 Hr. Clock) (b) (6)	3. Citation/ Order Number (b) (6)
4. Served To (b) (6)	5. Operator (b) (6)	
6. Mine (b) (6)	7. Mine ID (b) (6)	(Contractor)
8. Condition or Practice		8a. Written Notice (103g) <input type="checkbox"/>

The water sprinkler system protecting the 5 North belt drive is not being maintained in a proper operating condition. A functional test was performed on the system and the belt drive did not stop with the test. The metal screen from the Y-strainer had lodged into the flow valve. The system did not recognize the drop in water pressure and allowed the belt to continue to run. Furthermore, there were no audible or visual alarms as a result; underground or in the AMS office. This condition poses a high degree of risk to the miners working underground in that there would be no forewarning of a belt fire. The mine operator removed the 5 North conveyor belt from service until repairs could be made.

Standard 75.1101-6 was cited (b) (6) to the operator, 0 to a contractor).

See Continuation Form (MSHA Form 7000-3a) ☐

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 75.1101-6
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or Illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or Illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input checked="" type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 002	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104(a)		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill
22. Signature (b) (6)	23. AR Number (b) (6)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Attachment C – Examples of citations issued during previous E01 inspections

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.400	Y	Reasonably	PD	8	Mod
<p>Loose coal, and other combustible materials, shall be cleaned up and not be permitted to accumulate in active workings. Loose coal and coal fines were allowed to accumulate at the CV6 belt and 3 North belt transfer at crosscut #53. Loose coal and coal fines from spillage at the outby end of the transfer where the skirting material provided was on the outside of the top belt allowing spillage to occur at this location. The coal appeared to have been dragged by the bottom belt inby. These accumulations measured to be approximately 7 feet wide by 10 inches deep and extended for about 13 feet in length. In addition, coal fines piles over the top of the bottom belt were observed on the 3 North side of the CV6 belt. The top of the accumulations had been flattened out by the bottom belt and the top of the accumulations had a discoloration from the friction of contact with the belt. Loose coal and coal fines also existed on the belt structure on the off-walkway side of the CV6 belt. Most of these accumulations were dry to dusty. The belts were operating at the time of the inspection. The belt air at this location is used to ventilate the 3 North working section. A 4-person belt crew was sent to this location immediately. Several pictures were taken of this condition by the operator.</p> <p>Was the coal warm from the friction of the belt rubbing on it? When was the last examination? How long did this appear to exist? How many previous violations issued? ((b) (6) indicated (b) prior violations in (b) (6) and the operator was put on notice previously for allowing these conditions.) Negligence may have been better supported with this information and could have been evaluated as HIGH.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.370(a)(1)	N	Unlikely	LWD	1	Mod
<p>The operator failed to follow their approved ventilation plan. The weekly examiner conducting the examination of the North Mains sump between crosscut #15 and crosscut #18 did not certify by date, times, and initials that the examiner had examined any of the 5 outlet location specified on page 3A of the approved plan. The last recorded dates, times, and initials for the outlets at this sump location were on 5-5-2011 by RO. The only date, time, and initials found on the outlet were at the very top entry of the sump at the back corner. Standard 75.370(a)(1) was cited (b) (6) at mine (b) (6) to the operator, 0 to a contractor).</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	77.516	N	Unlikely	LWD	1	Mod
<p>In addition to the requirements of Sec. Sec. 77.503 and 77.506, all wiring and electrical equipment installed after June 30, 1971, shall meet the requirements of the National Electric Code in effect at the time of installation. A 110 VAC #10 AWG 3-conductor SOOW cord passed through a 2-inch by 3-inch hole in the wall of the Belt Shed located near the CV-1 belt drive. This cord was being used to provide power for a light installed inside the shed.</p> <p>More detail should be in the narrative to indicate if the wall was a metal wall and if the hole was not insulated properly to protect the cable from damage, if this was the condition, would have 77.506 been the more appropriate standard.</p>									

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a) Citation	75.370(a)(1)	Y	Reasonably	PD	10	Mod
<p>The operator shall develop and follow a ventilation plan approved by the district manager. The methane monitor installed and maintained in the 2 North #2 entry outby the 3 North Longwall face is required as part of the 103(k) Order 8141280-03 to address the enhanced ventilation of the bleeder system. This sensor is installed in the airflow coming from the back return. When checked with a known mixture of 2.5% methane the sensor never showed greater than 2.19%. The methane levels of two methane detectors showed the methane concentration to be 1.95 to 2.07% at this sensor location at the time of the inspection. At the time, the 3 North Longwall was operating in the tailgate. Nine persons were working on the longwall face and another person was working in the headgate at the time. Standard 75.370(a)(1) was cited (b) (6) at mine (b) (6) to the operator, 0 to a contractor).</p> <p>The Details in the narrative should include the last time the monitor was calibrated or changed; additionally the mines total liberation would be information to support the S&S evaluation.</p>									

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Coal Dist 9 Field Office Delta, CO Mine ID (b) (6) Date (b) (6)

Mine ID	Violation Number	Date Issued	Type Issuance	Standard Cited	S&S	Likely	Injury	Affect	Neg
(b) (6)	(b) (6)	(b) (6)	104(a)	75.512	N	No Likelihood	NLWD	0	Mod
<p>All electric equipment shall be frequently examined, tested, and properly maintained by a qualified person to assure safe operating conditions. When a potentially dangerous condition is found on electric equipment, such equipment shall be removed from service until such condition is corrected. A record of such examinations shall be kept and made available to an authorized representative of the Secretary and to the miners in such mine. The record for the examination of the Fletcher roof bolting machine (company number 30-16) for (b) (6) is incomplete. The trailing cable and pilot/ground monitor checks were not recorded and the methane monitor calibration check was not signed by the examiner. The mine operator has received (b) (6) for violation of 75.512 in the past (b) (6)</p> <p>Examiners are required to record and sign these records and the previous history for this standard indicates (b) (6) for violations of this standard.</p>									

Delta, CO July 27, 2011

INTERNAL REVIEW AUDIT MATRIX SCORING SYSTEM - DELTA, CO, KY FIELD OFFICE AUDIT, JANUARY 28, 2011										
CAT	Applies to Program Area	Internal Review Findings	Summation or Examples	Category Base Point Value	Base Points Value	RESPONSIBILITY			SUM	Internal Review Category Percentage
						Inspector = 1	Supervisor = 2	District = 3		
1	C/MNM	MSHA failed to identify the deviations in approved plans	All plans, training, escape, roof, ventilation, anything that requires approval	5	0	0	0	0	0	0%
2	C/MNM	incomplete or inadequate inspections	Not following policy, procedures, failure to cite violations inspecting all areas/equipment, conducting 103(i) inspections	5	0	0	0	0	0	0%
3	C/MNM	Supervisors did not provide adequate oversight	No review/ax review of inspection reports/ PKW/SAR/FAR/AA	5	5	N/A	2	3	10	100%
4	C/MNM	improper evaluation of gravity, negligence, type of enforcement action	Self evident/ inadequate documentation/ note taking	5	0	0	0	0	0	0%
5	C/MNM	Peer Reviews were inadequate	Did not include audit reviews, follow up, FARs/AAs	4	0	N/A	0	0	0	0%
6	C/MNM	Weakness in the ACRI Program	Not following ACRI policy/handbook management oversight of ACRI program, ACRI program consistent with Mine Act, 30 CFR MSHA policy	3	0	N/A	N/A	0	0	0%
7	C/MNM	MSHA Data not used/reviewed	Key Indicators, Mine Profile, Inspection Completion Statistics, Databases not maintained	2	2	0	0	3	5	63%
8	C/MNM	Lack of Unwarrantable Failure Tracking System	Self Explanatory	1	0	N/A	0	0	0	0%
9	C/MNM	Conflict of Interest	Prior employment supervision of relatives etc	1	0		0	0	0	0%
10	C/MNM	Failure to comply with Hazard Complaints procedures	Hazard Complaint handbook, policies procedures not being followed	1	0	0	0	0	0	0%
11	C	Failure to conduct investigations for multi-phase plans	No on-site investigations	1	0	N/A	N/A	0	0	0%
12	C	Failure to observe retreat mining	Wherever retreat mining is conducted (except longwall mining)	1	0	0	0	0	0	0%
TOTAL SCORE									15	

Minimum Score = 0
 Coal Maximum Score = 96
 MNM Maximum Score = 85

- Summary:
- A) The audit revealed the Delta, Colorado field office had 2 of the 12 most common issues found in the internal review reports as issues identified by the audit team
 - B) 2 of the 10 internal review categories that relate to the metal-nonmetal program area were identified during this audit.